REQUEST FOR PATENT F	EE REI	UND		
1 Date of Request: 2 Ser	ial/P	atent	# @ # @ #	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3 Please refund the following fee(s):	4 PA		5 DATE FILED	6 AMOUNT
Filing				\$
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				S
Issue				\$
Cert of Correction/Terminal Disc.	<b> </b>			\$
Maintenance	#			\$
Assignment				\$
Other				\$
	7 TOTAL AMOUNT OF REFUND			\$
	8 TO	BE R	EFUNDED B	Y:
REASON:	Treasury Check			
Overpayment		Cr	edit Depo	sit A/C #:
Duplicate Payment		9		
No Fee Due (Explanation):			*	<u> </u>
REFUND REQUESTED BY:	<del></del>			
TYPED/PRINTED NAME:	•	ጥፓባ	PLE:	
SIGNATURE:			ONE:	·
OFFICE:				
THIS SPACE RESERVED FOR FINANCE USE ONLY	*****		****	*****
APPROVED:	D		ustment Date: 86 14/2005 SHAJAKRO 0:1642 S	/29/2005 PKIDWELL   00000054 192179
Instructions for completion of this form				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B